



STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS

**Request to Implement a Broadband Pay Adjustment**

**FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES BUREAU FOR REVIEW AND ROUTING APPROVAL.**

Employee's Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

(Employee who is to receive the pay adjustment)

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_ Date submitted \_\_\_\_\_

Division: \_\_\_\_\_ Work Unit \_\_\_\_\_

Position is included in a bargaining unit? ☐ Yes ☐ No If **YES** contact HR Bureau Chief

Current Base Pay Rate \_\_\_\_\_ New Base Pay Rate \_\_\_\_\_

Proposed Amount Change \_\_\_\_\_ Change Effective Date \_\_\_\_\_

**Nature of Pay Change Request:**

- ☐ Strategic Pay ☐ Pay for Performance ☐ Results based pay  
☐ Competency Adjustment ☐ Situational Pay ☐ Other (specify) \_\_\_\_\_

Describe below how the subject was determined to be eligible for this pay adjustment.

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**Certification & Approvals:**

☐ I certify this employee has acceptable performance confirmed by a current performance appraisal.

☐ I certify that funds are available within our Division budget to pay for this request  
or

☐ I am requesting additional budget authority to fund this pay request.

\_\_\_\_\_  
Requesting Supervisor

\_\_\_\_\_  
Division Administrator/Warden

\_\_\_\_\_  
Budget Bureau

Human Resources comments and recommendations:

\_\_\_\_\_  
Human Resources Bureau

\_\_\_\_\_  
Director or Designee